United States Government Interagency SARS Concept of Operations Plan

- Coordination document for interagency and intergovernmental organizations
  - A diagram – Not a blue print
  - Requires augmentation by specific federal, State and/or local operation procedures.
- Overall guidance to Federal, state, local governmental on how to respond to a moderate to severe SARS outbreak
- Threat level-based
  - Level 0 to 4 (pre-outbreak to pandemic)

United States Government Interagency SARS Concept of Operations Plan

- HHS the clear leader in SARS response and control
  - CDC is the technical expert
- Other agencies play supporting role
  - DHS, VA, USDA, DOJ, **DOD**, others
- DHS takes lead when
  - Presidential Disaster Declaration (State-specific)
  - Secretary HHS requests DHS assume lead
  - President designated DHS the lead

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United States Government Interagency SARS Concept of Operations Plan

Military Health System

- DoD (Upon approval of Secretary of Defense) provides assistance
  - Threat assessment
  - Disease surveillance support
  - Technical advice and assistance (USAMRIID)
  - Operational and technical support
  - Support for civil disturbance control
  - Other medical assistance

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From SARS CONPLAN to DoD Response

- DoD tasked to develop response by threat-level
- Recognition of the need for an overarching response plan for public health emergencies and disease outbreaks
- Development by Joint Staff planned
  - In collaboration with combatant commands, Services and other engaged offices
- Basic plan with annexes
  - SARS, Smallpox, Influenza, etc.
  - Included more than medical response

Quarantine

- Quarantine can have a massive impact on DoD's ability to carry out operations
- Quarantine of forces in an operational area
  - Restriction of Movement
  - Host nation impact
- Quarantine of city/region near a DoD installation
- DoD Policy - Emergency Health Powers on Military Installations
- Defense Science Board Task Force on Quarantine Guidance

Post-Deployment Health Assessment Forms

Military Health System

- New Policy (April 22, 2003)
  - Enhanced form (2 pages to 4 pages)
  - Implemented Quality Assurance Plan
- Update (as of Sept 8, 2003)
  - Forms at AMSA
    - Active Duty: 87,965, 98% enhanced version
    - Reserve: 49,481, 99% enhanced version

Post-Deployment Health Assessment Forms

	Fair or Poor Health	On Medical Profile	Medical/ Dental Problems
Active Duty	5%	6%	16%
Reservc Component	5%	10%	25%

Post-Deployment Health Assessment Forms

Military Health System

	Exposure Concerns	Health Concerns	Mental Health Concerns
Active Duty	10%	9%	2%
Reservc Component	13%	14%	2%

Post-Deployment Health Assessment Forms

Military Health System

	Referral Indicated	Med Visit following Referral
Active Duty	16%	74%
Reservc Component	16%	35%